

Resident-to-resident bedside teaching: An innovative concept

Residency programmes face a unique challenge to cover a wide breadth of topics in a limited span of time. Due to increased workload and time constraints, faculties or fellows face difficulty to devote enough time for training junior residents.^[1] The lectures have a tendency to become monotonous and do not generate active participation from listeners. Sometimes, the residents are also hesitant to ask their doubts. Various authors have devised various strategies to make learning more meaningful.^[2,3]

Bedside teaching has always played an indispensable role in learning medicine.^[4] It encourages residents to make use of all their senses as well as learn the humanistic aspect of medicine. Usually, case-based discussions are conducted by experienced faculty or senior residents in a teaching institution.^[5] Learning becomes passive and the teacher becomes the primary agent in learning. The learners usually acquire beliefs/experiences of the teacher without questioning it.

We followed a unique approach for training residents at our tertiary eye care centre. It gives teaching power to the residents. This supervised, multilevel resident-to-resident teaching approach helps in the overall development of residents. Residents are given a clinically important topic to read 1-2 weeks before the rounds. All residents are encouraged to study that topic in detail and jot down their queries. In all, 2-3 interested residents agree to discuss that topic in detail, on a voluntary basis. Relevant study material about that topic like book chapters, articles from journals is circulated among the residents via email, WhatsApp or offline mode (printed copies). Pre-rounds, residents learn about the admitted patient and a group discussion is held where assigned residents teach the topic to their fellow residents. All are encouraged to participate actively. It is supervised by a senior resident who moderates the session and answers their queries. Finally, on the day of rounds, the topic is discussed by residents in great detail including bedside comprehensive patient-based management. The final discussion is moderated by senior experienced faculty members. They share their own experiences, bring out the key learning points and correct any query. It is more exhaustive than a case presentation as listener is actively involved in discussion. Every resident is encouraged to contribute actively to the discussion. The presenters prepare a short summary of the discussion covering salient points and circulate among themselves. This approach has got several advantages. It involves active learning where residents are encouraged to think independently, question and critically review things. It creates a sense of a safe environment as the outline of the topic is already discussed before the rounds. It helps in the overall development of residents as they acquire qualities of active listening, prioritization of result oriented goals, organization, flexibility and trustworthiness. It instills a sense of

confidence and removes any fear/hesitation. The effectiveness of this innovative teaching methodology is highlighted by the improved academic performance of the residents in ward leaving examination where they scored an average of 72% marks (range: 65%-80%). On previous occasion, they scored an average of 63% marks (range: 55%-75%).

The residents self-evaluated themselves to assess their public speaking skills and confidence using a scale given by Joe *et al.*^[6] The scale scores on nine aspects with a maximum score of 36. The residents reported an initial average score of 17 (range: 12-26) which improved to 25 (range: 20-30) [$P=0.041$] after effective implementation of this technique for more than 3 months.

To conclude, this supervised approach will help in spreading meaningful knowledge and building confidence among residents. It is aptly said, "The function of Leadership is to produce more Leaders, not more followers."

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Conflicts of interest

There are no conflicts of interest.

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